

Born in Cleveland ☐ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any

Artist

ROBERT

FIRST NAME

LAESSIG

LAST NAME

Address

5026 HAWKINS RD WEST RICHFIELD

NO

STREET

CITY

ZONE

SUMMIT OFFICE

COUNTY

Tel. 029-5674

Tel.

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR
SALE

NUMBER IN
EDITION
(Graphic Prts.)

PRICE

TITL E

MEDIUM

CLASS

DO NOT WRITE IN
THESE COLUMNS.[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

REC'D MAR 11 1963

SIGNATURE